

# Health Home Tier 2 Exception Guidance

---



# Health Home Tier 2 exception guidance

**Effective July 1, 2025**

A Tier 2 exception occurs when an established high intensity Tier 2 client receives Health Home services in a telephonic modality. The Care Coordinator and Care Coordinator Organization (CCO) explored alternative options to provide Health Home services face-to-face during the month with the client, but no other options were available or acceptable to the client. For continuity of care, the client received Tier 2 Health Home services telephonically.

## Submitting and collecting Tier 2 exception requests

- CCOs may submit Tier 2 exception requests to Leads before or after services are provided to the client.
- Leads may collect Tier 2 exception requests via email, Smartsheet, spreadsheet, or a function built into their platform.
- Tier 2 exception requests are reviewed by the Lead prior to payment made to the CCO.

## Required data set

Each Health Home Lead must collect the following information from CCOs to determine approval of Tier 2 exception requests:

- CCO name
- Care Coordinator name
- Beneficiary name
- P1 or Medicare ID
- Date of birth
- Date of service
- Reason for Tier 2 exception:
  - Client preference or request
  - Client or Care Coordinator illness/exposure
  - Client schedule conflict
  - Inclement weather
  - Safety concern
  - Staffing capacity issue, short-term:
    - Defined as a period of less than 6 months. The CCO is experiencing staffing issues that prevent Tier 2 clients from receiving Health Home services in person. When a CCO is made aware that they are experiencing a short-term staffing capacity issue, the CCO alerts the Lead for prior approval of Tier 2 exceptions due to staffing capacity. The Lead and CCO will coordinate together to ensure continuity of care within the network. The Lead will monitor the CCO monthly for resolution to staffing capacity issues.
  - Other. Explanation required for unique situations.
- Approved by Lead (Y/N): The Lead will review the documentation to ensure the beneficiary is an established Tier 2 client receiving high intensity Care Coordination

Services, that the Care Coordinator talked to the beneficiary or the beneficiary's caregiver, and a Health Home service was provided. The Lead will then approve or deny the exception and pass on the decision to the CCO.

## Denied exceptions

The Lead will communicate to the CCO when a Tier 2 exception is denied because the documentation failed to demonstrate one or more of the following:

- The client is not identified as a High Intensity Tier 2 client.
- A Health Home service was not provided.

The CCO may provide additional supporting documentation and resubmit the Tier 2 exception request. If no additional supporting documentation is submitted, the encounter will be denied and payment will not be made.

Upon request from the Health Care Authority (HCA) and the Department of Social Health Services (DSHS), each Lead will supply a list of approved and denied Tier 2 exceptions for the requested time period. This addresses the Program Integrity concerns and monitoring requirements.